

REPORTABLE DISEASES AND CONDITIONS

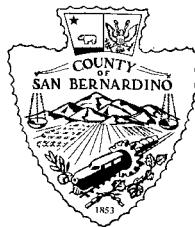
California Code of Regulations

WHY REPORT?

The primary objectives of disease surveillance are to (1) determine the extent of morbidity within the community, (2) evaluate risks of transmission, and (3) rapidly intervene when appropriate. The reporting of communicable diseases must be timely for surveillance to be effective. Confidentiality of patient information is always protected subject to compliance with disease control and other laws.

Delays or failure to report communicable diseases has contributed to serious outbreaks in the past. Removing persons from sensitive occupations, e.g., food handlers, prevents the spread of diseases such as salmonellosis and hepatitis A. The detection and treatment of patients with tuberculosis, the identification of asymptomatic carriers of typhoid and gonorrhea, the immunization of persons exposed to vaccine-preventable diseases, and alerting healthcare providers about prevalent infections are just a few of the benefits derived by the entire community when reporting is timely and accurate. Failure to report can result in increased disease in the community, time lost from work or school, increased costs for diagnosis and treatment, hospitalization and possibly death.

Failure to report can also result in disciplinary action by the Board of Medical Quality Assurance (BMQA) for violation of Business and Professions Code, Section 2234 (Duty to Act, Unprofessional Conduct).



SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH



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Section 2500. Reporting to the Local Health Authority

1. Communicable Diseases

Acquired Immune Deficiency Syndrome (AIDS)

Amebiasis†

Anisakiasis†

Anthrax*

Babesiosis†

Botulism (Infant, Foodborne, Wound)*

Brucellosis

Campylobacteriosis†

Chancroid

Chlamydial Infections

Cholera*

Ciguatera Fish Poisoning*

Coccidioidomycosis

Colorado Tick Fever†

Conjunctivitis, Acute Infectious of the Newborn,
Specify Etiology†

Cryptosporidiosis†

Cysticercosis

Dengue*

Diarrhea of the Newborn, Outbreaks*

Diphtheria*

Domoic Acid Poisoning (Amnesic Shellfish
Poisoning)*

Echinococcosis (Hydatid Disease)

Ehrlichiosis (HGE)

Encephalitis, Specify Etiology: Viral, Bacterial,
Fungal, Parasitic†

Escherichia coli O157:H7*

Foodborne Disease†^h

Giardiasis

Gonococcal Infections

Haemophilus influenzae, Invasive Disease†

Hantavirus Infections*

Hemolytic Uremic Syndrome*

Hepatitis A†

Hepatitis B, Cases or Carriers (Specify)

Hepatitis C (Acute or Chronic)

See Note

Hepatitis D (Delta)

Hepatitis, other, acute

Kawasaki Syndrome (Mucocutaneous Lymph
Node Syndrome)

Legionellosis

Leprosy (Hansen Disease)

Leptospirosis

Listeriosis†

Lyme Disease

Lymphocytic Choriomeningitis†

Malaria†

Measles (Rubeola)†

Meningitis, Specify Etiology: Viral, Bacterial,
Fungal, Parasitic†

Meningococcal Infections*

Mumps

Non-Gonococcal Urethritis (Excluding Laboratory
Confirmed Chlamydial Infections)

Paralytic Shellfish Poisoning*

Pelvic Inflammatory Disease (PID)

Pertussis (Whooping Cough)†

Plague, Human or Animal*

Poliomyelitis, Paralytic†

Psittacosis†

Q Fever†

Rabies, Human or Animal*

Relapsing Fever†

Reye Syndrome

Rheumatic Fever, Acute

Rocky Mountain Spotted Fever

Rubella (German Measles)

Rubella Syndrome, Congenital

Salmonellosis (Other than Typhoid Fever)†

Scombroid Fish Poisoning*

Shigellosis†

Streptococcal Infections (Outbreaks of Any Type
and Individual Cases in Food Handlers and
Dairy Workers Only)†

Swimmer's Itch (Schistosomal Dermatitis)†

Syphilis†

Tetanus

Toxic Shock Syndrome

Toxoplasmosis

Trichinosis†

Tuberculosis†

Tularemia

Typhoid Fever, Cases and Carriers†

Typhus Fever

Vibrio Infections†

Viral Hemorrhagic Fevers*

Water-associated Disease†

Yellow Fever*

Yersiniosis†

Section 2500. Reporting (cont'd)

Occurrence of Any Unusual Disease - a rare disease or emerging disease or syndrome of uncertain etiology which could possibly be caused by a transmissible infectious agent.

Outbreak of Any Disease* - occurrence of cases of a disease above the expected level over a given amount of time, in a geographic area or facility, or in a specific population group, including diseases not listed in Section 2500.

Note: Guidelines for Reporting Hepatitis C/NANB - An acute illness with 1) discrete onset of symptoms, and 2) serum aminotransferase levels >two and one-half times the upper limit of normal, and 3) IgM anti-HAV negative, and 4) IgM anti-HBC negative (if done) or HbsAg negative. Anti-HCV results positive, negative, or not done should be reported with the above tests.

2. Non-Communicable Disease and Conditions

Alzheimer's Disease and Related Conditions

Disorders Characterized by Lapses of Consciousness

* To be reported immediately by telephone.

† To be reported by mailing a report or by telephoning within one (1) working day of identification of the case or suspected case.

All other conditions are to be reported within seven (7) calendar days from the time of identification.

h When two (2) or more cases or suspected cases of foodborne disease from separate households are suspected to have the same source of illness, they should be reported immediately by telephone.

IDB/DHS Effective 2/2/96

Section 2505. Notification by Laboratories. Laboratories are to report the following diseases:

Chlamydial infections

Cryptosporidiosis

Diphtheria

Encephalitis, arboviral

Escherichia coli O157:H7 infection

Gonorrhea

Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test

Hepatitis B, acute infection by IgM anti-HBc antibody test

Hepatitis B, surface antigen positivity (specify gender)

Listeriosis

Malaria

Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test

Plague, animal or human

Rabies, animal or human

Syphilis

Tuberculosis

Typhoid

Vibrio species infections

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HOW TO REPORT: Extremely urgent conditions (i.e., anthrax, botulism, cholera, dengue, diphtheria, foodborne disease, plague, rabies, and relapsing fever) should be reported by telephone immediately, 24 hours a day. Other urgent conditions should be reported by telephone during regular business hours. Non-urgent conditions may be reported by telephone or mail on confidential morbidity report (CMR) cards. These cards must be filled out completely. All of the requested information is essential, including the laboratory information for selected diseases on the reverse of the card. All telephone and mailed reports are to be made to the Epidemiology Program in San Bernardino.

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(909) 383-3050 (909) 386-8325 FAX (909) 356-3805 Night and Weekend Emergency

ORDERING CMRs: For the reporting of non-urgent conditions we will supply CMRs to all providers wishing to utilize them. Once or twice weekly you may insert all accumulated CMRs into an envelope and mail them. For a supply of CMR cards, contact the San Bernardino office at the daytime phone number.

ANIMAL BITE: Animal bites by a species subject to rabies are reportable in order to identify persons potentially requiring prophylaxis for rabies. Additionally, vicious animals are identified and controlled by this regulation and local ordinances (California Code of Regulations, Title 17, Sections 2606, et seq.: Health and Safety Code Sections 1900-2000). Reports can be filed with the local animal control agency or the County Animal Control Office at 1-800-472-5609 may assist you in filing your report.

LABORATORY REPORTING: Forward a copy of the laboratory report within one day of report to health care provider. Line listings are not acceptable. Forward to the county in which the health care provider is located or to the State Health Officer if out of California. Information which should be included:

Patient Information

- Name
- Date of Birth
- Identification Number
- Address (if known)
- Telephone Number (If known)

Specimen Information

- Result
- Date Taken
- Date Reported
- Accession Number

Provider Information

- Name
- Address
- Telephone Number

PESTICIDE EXPOSURE: The Health and Safety Code, Section 105200, requires that a physician who knows, or who has reason to believe, that a patient has a pesticide-related illness or condition must report the case to the local County Health Department by telephone within 24 hours.

This reporting requirement includes all types of pesticide related illnesses: skin and eye injuries, systemic poisonings, suicides, homicides, home cases, and occupational cases. **Failure to comply with the foregoing reporting requirement renders the physician liable for a civil penalty of \$250.00.** Phone reports may be made to (909) 383-3050.

For occupational exposure there is an additional requirement to send the "Doctor's First Report of Occupational Injury or Illness" to the Department of Health within seven days. Copies of the report form (5021, Rev. 4/92) may be obtained from the same office for future use.

CANCER REPORTING: Under state law (Chapter 841. Statutes of 1985) invasive or in situ malignancies (including CIN III of the cervix), except basal and squamous cell carcinomas of the skin, diagnosed on or after June 1, 1988 which have not been admitted to a California hospital for diagnosis or treatment of cancer, and who will not be referred to a California hospital for diagnosis or treatment must be reported to the County Health Department on a Confidential Morbidity Report (CMR) card. For additional information on cancer reporting requirements, please contact the Cancer Surveillance Program, (909) 799-6170.